**Student Travel Application**

**Part 1: Student and Conference Information**

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| --- |
| Name:  |
| Name(s) of other student(s) presenting:  |
| Email Address:  |
| Expected Graduation Date:  |
| Phone Number:  |
| Research Advisor:  |
| Conference Attending:  |
| Conference Dates:  |
| Type of Presentation (Oral, Poster, Performance, etc.):  |
| Abstract:     |

**Part 2: Budget Information**

|  |  |
| --- | --- |
| **Category**  | **Amount Requested**  |
| Poster Printing  |   |
| Conference Registration Fee  |   |
| Lodging  |   |
| Mileage ($0.58 per mile 1/1/2019) From: Indianola To:  |   |
| Vehicle Rental / Shuttle / Taxi  |   |
| Airline Travel  |   |
| **Total Amount Requested**  |   |

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Advisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_